

DIABETES MELLITUS EVALUATION FORM

(April 2010)

***Required** information for pre-employment applicants and pre-employment eligible family members (EFM) with a history of Diabetes. Requested information for all in-service employees and EFMs with history of Diabetes Type 1 or Type 2.*

Examinee's name: _____ DOB: _____

Dear Doctor,

Based on the history provided to our medical staff, we have learned that this individual has a history of Diabetes Mellitus. We appreciate your assistance in providing the following additional information on her/him. Please attach supporting labs/documents to this form.

INFORMATION NEEDED TO DETERMINE CLEARANCE :

- HISTORY, to include:
 - Diagnosis: Type 1 or Type 2 Diabetes?
 - Date of diagnosis:
 - Any hospitalizations or ER visits for diabetic ketoacidosis (DKA)?
 - Any history of recurrent episodes of severe hypoglycemia?
 - Any history of hypoglycemia unawareness?
 - How do they monitor glucose levels? CGM?
 - Any history of visual impairment, non-proliferative or proliferative diabetic retinopathy?
 - Any history of coronary artery disease or peripheral vascular disease?
 - Any history of past foot ulcer or amputation?
 - Any history of diabetic nephropathy?
 - Any history of peripheral or autonomic neuropathy?
 - Current treatment regimen
 - Oral Medications?
 - Symlin or Byetta?
 - Insulin regimen: pump or shots?
 - Diet/Exercise?
- PHYSICAL EXAM
 - within past six months:
 - attention to: blood pressure, neurovascular exam
- OPHTHALMOLOGY EVALUATION/REPORT- within past year
- FPG (Fasting Plasma Glucose) – within last year
- HEMOGLOBIN A1c – two (2) within the last twelve (12) months
- URINE for microalbumin – within past year. If positive, 24 hour urine for GFR.
- SERUM CREATININE – within past six months
- FOLLOW-UP RECOMMENADATIONS (from provider):

Doc.#	Date	Version	Author	Clear	Revision reason
3321.5	4/2010	0	TWF	MJP	